

# TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement on separate docushare document

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CLAIMANT'S NAME <b>William Douglas Hoffner</b>				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT <b>Labor &amp; Workforce Development Ag</b>			
POSITION				BARGAINING UNIT				DIVISION OR BUREAU <b>Labor &amp; Workforce Development Agency</b>			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS <b>801 K Street, Suite 2101</b>				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE <b>E 25</b>			
CITY				STATE				ZIP CODE			
<b>Sacramento</b>				<b>CA</b>				<b>95814</b>			

(1) MONTH/YEAR 11 2009	(2) DATE Date	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	O.T., UT, RELO or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount			
4	1130 1530	Sac to Stockton to Sac									102	\$56.100		56.100
5	0700 1430	Sac to Fresno to Sac									316	\$173.800		173.800
13	1130 2000	Sac to Fremont to Sac									210	\$115.500		115.500
(10) SUBTOTALS											628	\$345.400		\$345.40
COLUMN CODE (ACCTG. USE ONLY)														

<b>CLAIM TOTAL</b>											
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)			(11A) Summary				(12) NORMAL WORK HOURS				
			Description/ Cost Center	Exp. Code	Debit Amount	Project Code				Activity Code	For Fiscal Use Only
			11/4 EVI International grand opening and press event w/Governor								
			11/5 CA Assoc. of Enterprise Zones training conference, keynote & panel								
11/13 Community Forum recovery of auto communities w/federal & local officials											
			Total			Document Reference	Prepared By				
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.											

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT		DATE
		12-1-09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)		DATE